Patient Name:

DOB:

Casirivimab + Imdevimab Infusion Flowsheet

Date of Service:	**Supervising Provider:**
Place of Service:	

Check to indicate the following requirements have been met:

☐ Patient ID confirmed ☐ Valid order received ☐ Check-in forms completed

☐ Patient/Caregiver has received and reviewed Fact Sheet for Patients and Parents/Caregivers

Pre-Infusion Assessment

Is patient experiencing any of the following emergency warning signs?
If yes, initiate supportive treatment as appropriate (e.g. supplemental oxygen) and notify supervising provider and/or activate emergency response system per facility protocol.

Chest pain/pressure	☐ No	☐ Yes	Lethargy	☐ No	☐ Yes
Oxygen sat less than 94% on RA	☐ No	☐ Yes	Tachypnea (RR > 30)	☐ No	☐ Yes
New-onset confusion	☐ No	☐ Yes	Cyanosis	☐ No	☐ Yes

Baseline Vital Signs

Time	BP (mmHg)	HR (bpm)	RR (per min)	O2 sat (%)	Temp (°F)	Staff initials
(PRN)						
(PRN)						

Vascular Access

(document *all* attempts; use Additional Notes/Orders page if needed)

Device	Gauge	Laterality	Site	Staff Initials
peripheral ☐ IV	☐ #24 ☐ #22 ☐ #20 ☐ other:	☐ left ☐ right	☐ forearm ☐ AC ☐ hand ☐ other:	
peripheral ☐ IV	☐ #24 ☐ #22 ☐ #20 ☐ other:	☐ left ☐ right	☐ forearm ☐ AC ☐ hand ☐ other:	

Flushes easily? ☐ Yes ☐ No, see notes

Blood return present? ☐ Yes ☐ No, see notes

Patient response to procedure
☐ Tolerated well
☐ Other, see notes

Notes:

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Medication Safety Alert: Dose supplied in 1332 mg/11.1 mL vials exceeds dose authorized under EUA; Waste required if preparing a single patient dose.

Medication Preparation

(use Additional Notes/Orders page if needed)

Vial Combination	Drug	Dose/ Volume	Lot Number	Exp. Date
Example	Casirivimab (REGN 10933) 1332 mg/11.1 mL	600 mg/5 mL	XYZ123	1/31/22
	waste	732 mg/6.1 mL	XYZ123	1/31/22
	Casirivimab (REGN 10933) 1332 mg/11.1 mL			
	Imdevimab (REGN 10987) 1332 mg/11.1 mL			
	Drug	Dose/ Volume	Lot Number	Exp. Date
	Casirivimab (REGN 10933) 1332 mg/11.1 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
	Drug	Dose/ Volume	Lot Number	Exp. Date
	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 1332 mg/11.1 mL			
	Drug	Dose/ Volume	Lot Number	Exp. Date
	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Casirivimab (REGN 10933) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
	Imdevimab (REGN 10987) 300 mg/2.5 mL			
	Drug	Dose/ Volume	Lot Number	Exp. Date
	Casirivimab/imdevimab 600 mg/600 mg/10 mL			
	Diluent	Dose/ Volume	Lot Number	Exp. Date
	0.9% sodium chloride			
	Time Prepared:		**Staff initials:**	

Patient Name:

DOB:

Medication Administration

0.2/0.22-micron filter used? ☐ Yes (required)

Task	Time	Rate (ml/hr)	BP (mmHg)	HR (bpm)	RR (per min)	O2 sat (%)	Temp (°F)	Staff Initials
Infusion started								
15 min VS check								
VS check (PRN)								
VS check (PRN)								
VS check (PRN)								
Infusion complete								

Notes:

60-Minute Observation Period

Notes:

Arrival time in observation area (if applicable):

Staff initials:

Discharge

Departure vitals	BP (mmHg)	HR (bpm)	RR (per min)	O2 sat (%)	Temp (°F)	Patient condition at discharge:
Time:						☐ Stable ☐ Unstable, see notes

IV Removal	Site condition:	Dressing Applied	Patient response to procedure
Tip intact? ☐ Yes ☐ No, see notes	☐ benign ☐ swelling ☐ warmth ☐ drainage ☐ bruising ☐ redness ☐ other, see notes	☐ gauze and tape ☐ adhesive bandage ☐ other, see notes	☐ Tolerated well ☐ Other, see notes **Infiltration?** ☐ No ☐ Yes, see notes **Phlebitis?** ☐ No ☐ Yes, see notes

Discharge Education Provided: ☐ Yes ☐ No, see notes

Disposition: ☐ Home ☐ Other (e.g. long term care facility):

Records Faxed to Prescriber? ☐ Yes ☐ No, see notes | Staff initials:

Patient Name:

DOB:

Date/Time	Additional Notes/Orders

Staff Printed Name, Title	Staff Signature	Initials